



Congresswoman Nikema Williams  
5<sup>TH</sup> Congressional District of Georgia  
Agency Assistance Request Form

DISTRICT OFFICE  
THE EQUITABLE BUILDING  
100 PEACHTREE ST, NW  
SUITE 1920  
ATLANTA, GA 30303  
(404) 659 - 0116

Request Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ X \_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Please provide any applicable identifying information as necessary:

Social Security Number: \_\_\_\_\_ Resident Alien Number: \_\_\_\_\_  
Veterans Claim Number: \_\_\_\_\_ Branch: \_\_\_\_\_  
Case / Claim / USCIS Receipt Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Other: \_\_\_\_\_

In the space provided below, please state the outcome you would like to receive and a brief explanation of your concern or issue. Any supporting documentation, if available, can be submitted. If additional space is needed, please continue on an additional sheet

Please make sure to include any relevant identifying information and supporting documents which relate to your inquiry. **By placing your initials** where indicated below, you are giving our office permission to investigate your matter on your behalf. You are hereby requesting the assistance of the Office of Representative Nikema Williams to resolve the matter described below. **Constituent Authorization:** \_\_\_\_\_ (initial), I authorize Representative Nikema Williams to receive any information that they might need to provide me assistance. The information I have provided to Rep. Nikema Williams is true and accurate to the best of my knowledge and belief. The assistance I have requested from Rep. Nikema Williams is in no way an attempt to evade or violate any federal, state, or local law. I authorize Congresswoman Nikema Williams, her staff, and a successor GA 5th District Representative and his/her staff, to receive and transmit any information from Federal, State or local agencies that they might need in order to provide assistance.

Signature & Date Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_